



## Editorial

**Norman Goldstein MD**  
**Editor, Hawaii Medical Journal**

### Latex Issue

This month we have two excellent manuscripts by authorities on the natural rubber allergy problem, Carl Lehman MD and John McDonnell MD. Attorneys Gary Galiher and Richard DeRobertis review some of the legal aspects of this growing medical problem. This is an issue that should be of interest to all physicians and other health providers.

### Hand Eczema in a Nurse

I recently received this Letter to the Editor:

Dear Dr. Goldstein:

I have had a great deal of problems with hand eczema over the years. As an OR night nurse (and wife of a physician), I have used many different types of creams, ointments, and gloves, and I still have problems. I understand this is a very common problem in physicians' wives - too many samples available?

Because you are one of the senior dermatologists in Hawaii, I know you must have many patients with similar problems. I write to you so you might offer advice, not just to me but the other nurses, physicians' wives, and others afflicted with hand eczema.

Sincerely yours,

X, R.N. (Name withheld upon request)

Dear Nurse X:

The Journal usually does not print anonymous letters, but in your case we will, and are happy to do so.

Yes, hand eczema is a very common problem in my practice. In fact, when I was doing the "Doctor Is In" TV news program with George "Granny Goose" Groves, hand eczema was the second most frequent complaint, after acne, that viewers called-in to cure.

Hand eczema is a multi-faceted problem. Primary irritants include soaps and detergents, especially for individuals with atopic personal and family histories.

Allergic contact dermatitis may be caused by many creams and lotions that contain preservatives, perfumes and other inert substances that can produce a true allergic reaction. Allergy patch tests with the TRUE Test or similar kits can elicit the cause of this type of dermatitis.

Dyshidrosis or pompholyx is a sweat-retention, blistering condition of the hands and, in some people, the feet as well. Since heat, humidity, and stress make this disorder worse, gloves are usually not very helpful.

Gloves can actually contribute to hand dermatitis, not just by occluding the sweat glands but also by causing a true allergy, frequently to latex (see the manuscript in this Special Issue on Latex Sensitivity).

Superpotent topical steroids, while very helpful for short periods, can cause atrophy if used for prolonged treatment.

What else can be done? I usually do not patch test all of my hand eczema cases; only the ones that do not respond to treatment. Protective barrier creams may be useful.

There are many products such as SBR Lipocream, Proteque, Armadillo, Pro-Q or Preen that are especially beneficial for nurses, dishwashers, cooks, bartenders, and some housewives. I direct the patient to apply the SBR (Skin Barrier Repair) Lipocream or other protectant three or four times daily. Short courses of Class I (the superpotent steroids) are okay for a week or two. Then reduce the potency to a mid-potency strength, and subsequently to a lower, weaker topical steroid.

Short courses of oral steroids are also excellent in difficult cases. But, watch out for all those samples your husband brings home. Over-treatment can make your condition worse!

Norman Goldstein MD, Editor



## Special Commentary

### Salvaging a community treasure at UH by Max G. Botticelli MD

The John A Burns School of Medicine is a casualty of the war of words that so often replaces rational decision-making in the political process.

While actively recruiting a dean for the school of Medicine, University of Hawaii President Kenneth Mortimer, decrying a lack of support for the school, suggested a plan to the UH Board of Regents that no new students be admitted. He later insisted that he would not stop admissions.

Gov. Ben Cayetano, recognizing the need for a medical school if the state is to have a viable health care industry, suggested that the school be privatized and that the funding for this new institution be obtained from a Mainland institution. The reiterative message from UH regent Ah Quon McElrath ignores the value of this institution to our community while overstating the relative value of the School of Public Health.

Is it any wonder that two candidates for dean have turned down substantial offers to leave their posts at Yale and University of California at San Francisco? Whether calculated or not, the effect of these words was to damage the reputation of the School of Medicine and jeopardize its existence as a part of the University of Hawaii.

If we are to salvage this community treasure, the public statements intended to manipulate the political process must stop and be replaced by rational planning. Part of that planning should be to consider a medical school outside the University of Hawaii.

The John A. Burns School of Medicine exists today because its namesake, the late Gov. John A. Burns, realized the importance of educational institutions to the well-being of this community. He